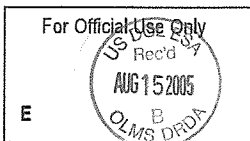


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8390</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>MATTHEW</u> <u>BRUCCOLERI</u> P.O. Box, Bldg., Room No., if any _____ Street <u>239 - WEED AVE</u> City <u>S.I.</u> State <u>N.Y.</u> ZIP Code + 4 <u>10306</u>	4. Name, file number, and address of labor organization. Name <u>I.B.T. LOCAL 272</u> Labor Organization File Number <u>010-936</u> P.O. Box, Building and Room Number, if any _____ Street <u>220 - EAST 23 STREET</u> City <u>N.Y.</u> State <u>N.Y.</u> ZIP Code + 4 <u>10016</u>
5. Position in labor organization. <u>TRUSTEE / BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Matthew Bruccoleri

On 8/10/05  
Date

212-726-9726  
Telephone Number

Name of Person Filing **MATTHEW BRUCCOLERI**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ARK ASSET MANAGEMENT CO. INC**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **125 - BROAD ST.**City **N.Y.**State **N.Y.** ZIP Code + 4 **10004**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **LOCAL 273 PENSION TRUST FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **220 - EAST 23 STREET**City **N.Y.**State **N.Y.** ZIP Code + 4 **10010**

11.a. Nature of such dealing.

**INVESTMENT ADVISOR FOR  
RELATED PENSION FUND**

11.b. Approximate dollar value of such dealing.

**\$100,000.00**

12.a. Nature of interest held or income received.

**EDUCATIONAL CONFERENCE  
INTERNATIONAL BENEFITS  
FOUNDATION - NEW ORLEANS**

12.b. Amount.

**\$262.92**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **MATTHEW BRUCCOLERI**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LOCAL 272 PENSION & WELFARE TRUST FUND**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **220 - EAST 23 STREET**City **N.Y.**State **N.Y.** ZIP Code + 4 **10010**

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

**RELATED HEALTH & WELFARE FUND FOR  
UNION MEMBERS**

11.b. Approximate dollar value of such dealing.

**\$15,000,000.00**

12.a. Nature of interest held or income received.

**EDUCATIONAL CONFERENCE INTERNATIONAL  
BENEFITS FOUNDATION - NEW ORLEANS**

12.b. Amount.

**\$1552.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing MATTHEW BRUCCOLERI

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ICC CAPITAL MANAGEMENTTrade Name, if any: P.O. Box, Bldg., Room No., if any 27 FLStreet 390-NORTH ORANGE AVECity ORLANDOState FLORIDA ZIP Code + 4 32801

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 272 WELFARE TRUST FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 220-EAST 23 STREETCity N.Y.State N.Y. ZIP Code + 4 10010

11.a. Nature of such dealing.

INVESTMENT ADVISOR FOR RELATED WELFARE FUND11.b. Approximate dollar value of such dealing. \$65,000.00

12.a. Nature of interest held or income received.

DINNER MEETING AT TEAMSTERS UNITY CONFERENCE MAY 200412.b. Amount. \$250.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.